

DOWN AND UP IN SMOKE

A Smoker's Journal

Why some people take to, while others instantly are repelled by tobacco, has been of lifelong interest to me. No-smoking literature that asks the question, "Remember how *awful* that first taste of tobacco was?" is meaningless to me. I actually *liked* the 'taste' of mild tobacco and seem to have been destined to be a (for want of better words) 'naturally- inclined' smoker.

I now am 73 years old, and I clearly recall my first cigarette at age 15, a junior in high school. My father, an occasional smoker, preferred cigars; but he kept a pack of Lucky Strikes in a small basement room that was his 'retreat.' One afternoon, curiosity caused me to give one a try. I was not put off a whit by taste or process and immediately sensed what I would call an agreeable 'sharpening' of perception. Smoking didn't become habitual, however, until after I was a wife and mother working in high-paced, deadline jobs. Smoking was allowed everywhere then, and it definitely became an on-the-job anxiety control and an off-the-job relaxant.

True, the late '60's and early '70's saw a reduction from the pack or more a day I smoked in those prior years; and I was grateful for prohibition of on-the-job smoking that ensued in later jobs. But by the time I was 39 the accumulating statistics of smoking's effect on health were fully impressed me, and I accepted that it was reasonable that I try to quit altogether.

Unlike my husband's ("JC's") employer and city schools, the agency for which I worked in 1974 had Veteran's Day as an official holiday--one day a year that I had home all to myself! On that November day, I decided to treat myself and devote the solitude to a long-arrested need to write; and I chose quitting smoking as my journal topic.

I had learned that niacin was a derivative of nicotinic acid, and a few weeks before had bought a bottle of 100-milligram tablets as a possible dietary supplement. My first cigarette of the day, smoked at 6:45 a.m., was the last in my last package. Within a half-hour I had the urge for another, but making breakfast and bag lunches kept me busy until the family was off. I would not go to the store for more. Still in my robe, I sat myself in an easy chair along with notebook, pen, a large mug of coffee, and a chemistry book I wanted to study. I would wait until the smoking urge became undeniable, and then I would commence a "niacin treatment"....

November 12, 1974

8:30 a.m. *After reading and making notes for one and one-half hours I was interrupted by a chatty neighbor who stayed until nine o'clock.*

9:05 *Attempting to resume my train of thought, I was aware of a small 'internal gnaw' in the area of my solar plexus: "I" definitely "wanted" a cigarette. I placed a tablet of niacin on my tongue and allowed it to dissolve.*

9:35 *The predicted flushing of skin by niacin did not occur, which I found interesting--did that happen less in smokers? I did feel a slight 'burning' at the sides of my neck, and pondered whether absorption from the smoke occurred as it passed the region of thyroid and parathyroid glands before reaching the lungs.*

I assigned feelings and intensity levels to smoking urges, as follows:

Feelings:

[A] = times that the Ego encountered anxious hesitation due to doubt about my writing competency, thinking myself foolish to pursue it.

[B] = times of unexpected interruptions that called for disassociation.

[C] = times of losing concentration due to mentally interrupting thoughts relative to “what I should be doing” (i.e. domestic chores) instead of studying and writing.

Intensity Levels: 1 to 10, 10 being highest.

10:00

My younger daughter returned home from school with a stomach upset [B-10]. I tended to her and, once she was settled comfortably, attempted to return to writing [A-5]. On the way, I was distracted by the disorder I left in kitchen, etc. [C-5].

10:25

I still was distracted by racing thoughts relative to ‘disorganization’, the usual ‘me’ being a compulsive domestic.

10:30

I placed another niacin tablet in my mouth. This time within 15 minutes my face, neck and upper chest became mildly flushed. The sensations seemed strongest at the sides of the neck. I did feel calmer, without the internal gnawing.

11:00-11:30

I was reading peacefully; my daughter was likewise peacefully occupied.

11:30 *Break to fix lunch for us.*

12:30 p.m.

Back at reading and writing, my husband telephoned and informed me that he had invited his department chairman to dinner at our house. [B and C 10]. I calculated that, if I wanted to persist, I had perhaps one hour left to ‘fritter’ away. Instantly I was searching for a cigarette. I went out to the car to see if one may have fallen behind the seat. I thought, perhaps I could go to the neighbor’s.

I placed another niacin tablet and a 10-grain kelp tablet in my mouth.

1:10

There was no flushing but I felt my forehead warm while at the same time a bit of an all-over chilling effect. I recalled feeling the ‘outer’ chilling with the two prior doses, and it occurred to me I ought to have included taking my temperature in the experiment. But I am sensitive to cold in general, was dressed lightly for a deep fall day, and had been physically inactive. (However, although I was not able to consider the ‘chilling effect’ as solid data, I was aware that it is said that smoking causes capillary constriction.)

1:30

For a brief period I felt in a cheerier state of mind, to the point where I chuckled over this ‘record’; but [A-5] ‘the writer’s freedom’ could not continue....

1:40

Time was a-wasting [C-10]!—shopping and house and food preparations, and my person to ready before guest arrival! I threw on some levis and a shirt and was off to the store—not only for dinner needs--

2:40

Lighting up in the car on the way back from the store, I pondered what conclusions I might draw from my ‘experiment’.

What?--I asked myself-- allowed me to live seven full hours without a cigarette? But there was no way to separate influences—the actual niacin, it as a placebo, either or both those possibilities, my choice of self-occupation, or a combination of all. I was left only to speculate the effects—psychological in concern with physiological--of nicotine absorption, whether also through tissues the smoke traverses before reaching the lungs as well as via lungs into the bloodstream.

I vowed to continue efforts to become a non-smoker, as the following reflects....

1975

I went seven months without a cigarette this year—mainly, I believe, because JC was trying to quit and it was only right that I join him. One might say, *if you were able to do without a cigarette that long, you ought to be able to, permanently*; but the amount of mental effort it took was extreme. Truthfully, it took mind time I would have preferred ‘using better’.

My falling off the wagon came after a large dinner party for my husband’s associates. Sitting at table, everything having gone perfectly, I was conscious of how that cigarette felt like a ‘reward’, adding to the feelings of self-satisfaction.

Alas, once again, I became *at least* a half-a-pack-a-day smoker, how much depending on circumstances.

1989

I had been divorced for 10 years, living and working as a single mother (my younger daughter not yet emancipated). Meanwhile I was devoting every moment of carved-out time to pursue serious writings. Only one note was added to the smoking journal:

Just like a baby, a feeding at regular intervals.... Nicotine... It offsets the adrenalization that occurs every time Psyche is attacked by doubt, fear, despair, or anger: doubt, that I will prevail; fear, lack of money or death waiting to do me in; despair, never to finish what one’s heart desires; anger, much against the corporate body that has me in its grip again (10 hours of work a day for less wage than fair for eight; barely any time for my own creations...)

1993

January 9, 2:30 p.m.

It may be the weekend but there’s housework, cooking, and gardening to do. Moreover, I haven’t dressed properly yet (hating revealing ‘humanness’ is a strong character trait). I light a cigarette but put it out after two drags. Certain facts from my amateur research seem screaming for proper assembly. I am no scientist [B-9,] but something in my bones (in which cigarette smoking undoubtedly is causing degeneration) forces me to keep a record--hoping, if nothing else, it may be solace for others, for I doubt the addiction will see me live long enough to benefit from Science’s future revelations....

Meanwhile, as an additional control, I adopted not buying a supply package ahead of time, and began a daily record of cigarette consumption. The following examples from the record are of a ‘good’ day and a ‘bad’ day:

Cigarette Time of Day Comment

April 2

1	7:50 a.m.	Typical first one. In between, visit from non-smoking friend; dental appt.
1	11:00	Back home ‘relaxer.’
1	2:00	‘Preparatory’ smoke before study at library.

1	3:00	'Relaxer' back from library.
1	4:30	'Focuser' while researching.
<u>1</u>	5:00	'Reward.'
6		

April 3

1	7:00 a.m.	Typical first one.
1	8:30	Researching.
1	9:00	"
1	11:00	"
1	11:45	Telephone call, family member.
1	Noon	Before beginning yard work.
1	3:40 p.m.	Returned to researching and manuscript work.
1	5:05	Family member problem.
1	7:00	"Stressed...."
<u>1</u>	9:40	Relaxer.
10		

It was becoming clearer from similar entries for this period that hand-occupying chores correlated with longer time between smokes, while writing and manuscript work, less.

1997

February 3

At 8:30 a.m., one hour after awakening, I light the last cigarette in my pack. "This is going to be my last cigarette!" (Now, wonder how many times I've thought that?). Last night, JC [we remarried] said, "We need to stop smoking; we have too much to live for now." True!— but tell that to my addiction! Of one thing I'm certain: I cannot overcome it by conscious will alone....

The general pattern, repeated this year, showed that the time between cigarettes varied between one to two hours, depending on the type of day, summarized as follows:

<u>April 7</u>	8. (A note during two hours of writing said: <i>Misery trying to stay with the writing project.</i>)
<u>April 8</u>	9 or 10. (Noted: <i>Continuing private stress and depression; couldn't stay on schedule.</i>)
<u>April 9</u>	Same as yesterday.
<u>April 10</u>	Like yesterday.
<u>April 12</u>	4 cigarettes by 1 p.m.; <i>heavy family business day; "I give up!"</i>
<u>April 13-15</u>	9 to 10 each day; <i>heavy scheduling.</i>
<u>April 19</u>	8.
<u>Intervening week:</u>	<i>Completed last review of a manuscript and sent off a proposal-- didn't do too bad on cigarettes but didn't do especially well, either.</i>
<u>April 23</u>	7.
<u>May 20</u>	A thought to try quitting 'cold turkey' bombed', as follows:
0	8:15 a.m. " <i>Desired one.</i> "
0	8:40 Reminded of desire by seeing ash tray.
0	9:10 Reminded of desire both by smell of coffee and seeing ash tray.
1	9:30 Dialogue commenced with needy friend.
1	10:45 Dialogue continuing.

1 11:30 “ “
 1 11:45 Dialogue persisted; gave up...
 ?

1998

I changed to a brand of cigarettes with no additives (*American Spirit Blue*). The new brand didn't seem to deliver the same 'hit' but was satisfying enough. I no longer took a cigarette package with me when going out (unless during caregiving periods for my mother, when I would smoke one outside). It was obvious that the smoking in a day was enhanced by non-emotional times away from home; however, the following days revealed that I *could* achieve a limited number even if under emotional stress.

January 22

Purposely let myself run out of cigarettes yesterday at 8 p.m.; had first cup of coffee this morning without a smoke; did some chores before going to store; delayed first cigarette until:

1 10:15 a.m.
 1 10:45 Telephone conversation with aged mother re needs, etc.
 1 11:00 Forced accounting before I could begin editing.
 1 11:15 “*Gathering thoughts.*”
 2 Between 11 and 3:30; “*better*”—*considering that I was editing.*
 1/2 5:30 p.m. In car on way to computer class.
 1 8:00 Home from class.
 1 9:00
 8 ½

January 23 *Up at 7:30:*

1 8:00 a.m. *No time for writing today, despite much waiting to be done on it.*
 1 Mid-morn On way to doctor appt. *Maybe my recent mental hyperactivity is due to max on thyroid deficiency?*
 1 1:00 p.m. Preparing for care giving at Mother's later today. (*Missing the Vantage cigarettes I smoked for years; body must become accustomed to a certain mix.*)
 1 4:30 Outdoors at mother's; *patience-controlling.*
 1 6:30 Watching t.v.; *relaxing while dinner cooks.*
 1 8:00 After supper.
 6

August 6 Only three by 7:30 p.m.; but I was going to work all evening on an (ego-pricking) writing submittal. It seemed an ideal time to try “K-77” (cost, \$20 for 60 gel capsules; dosage on bottle says, one to three capsules between meals and at bedtime). I took a K-77 at 7:30 and still smoked five cigarettes between then and 11 p.m., noting the following:

Interrupted twice by mind-jerking family calls that caused me to think about a cigarette, but I didn't feel that 'tugging' at the 'adrenal core'. At 8:30 I lighted one without thinking, something it seems I do only when mind, totally absorbed with material, is distanced from physiological sensations that accompany the impulsive act. At 9:10 I stuck one in my mouth, definitely an ego/doubt-related registration, that is, something to do with my hands as I move thought past it.

August 7 Today's total was 8, spaced about as usual, the K-77 [subsequently aborted] not making a noted difference....

I believe that by now I have achieved some weaning of pure nicotine craving, and have isolated the act of smoking, which appears equally physically and psychologically influenced (or rather, psychical metabolism's influence on the physical?). As noted thus far, the desire to smoke is most apparent when I have thoughts related to specific psychical constellations—doubts vis-à-vis the need to write vs. potential worth--intensified by time constraints of caregiving and domestic duties (and the ever-constant hovering specter of my own time running out!)....

1999

April 11

Try for definite two-hour intervals, i.e. work on diminishing physical addiction even if it seems that psychological stimuli are as great a force. Resumed substance studies. Reviewed quitting procedure in Ferguson book--have done steps up to Stage Four. Next steps suggested: adopt an incompatible activity; pinpoint/focus on more of the triggers to control—especially environmental; postpone every third one; brush teeth more times a day...

I now assigned “triggers,” as follows:

<u>Trigger</u>	<u>Feelings</u>
T-A	The usual familiar need to ‘break’ feelings/thoughts of urgency about manuscript work underway vis-à-vis domestic demands.
T-B	Overall discomfiture from reminder of my circumstances.
T-C	Compounded satisfaction of ‘crave’ plus heightened enjoyment of a relaxation period, such as favorite t.v. show.

It's obvious from the following how little success I had, but it was a heavy day of combined project work and family requirements:

6	Smoked by 6 p.m., triggers varying.	
1	6:40	T-A
1	8:00	T-B.
<u>1</u>	9:40	T-C
9		

April 12

0	7:30 a.m.	“Thinking about it.”
0	7:50	Ditto; began work.
0	7:55	Ditto; kept working.
1	8:05	Telephone call from mother/she had a break-in last night.
1	8:35	T-A; to alleviate worry and keep me working.
1	8:55	Ditto.
1	9:00	T-A
0	10:00	“
0	10:10	“
1	10:20	T-A + T-B--gave up.
0	1:10 p.m.	Not a strong urge.
		[The next two-hour period was broken by an unexpected visitor.]
0	1:12	T-A and T-B.
1	1:25	“
1	3:30	Visitor gone but attention given to theft, etc.
1	4:30	“What-the-hell” feeling.

[Rested and got ready afterwards for part of evening out.]

1 9:20 T-C; *relaxer.*
1 11:35 T-C; *for sheer pleasure.*

10

April 13

8: 8:25 a.m., typical morning cigarette; 9:25, T-A, T-B--*can't get started; received business telephone call; consciously delayed smoke; began again to study and make research notes*; 9:40, T-A; 10:40, T-A; 2:10 p.m., T-A; 3:30, T-A; 6:00, *sheer pleasure /relaxation*; 8:00, T-C; 9:10, T-A, B, C! *This day was too much!—still, didn't do too badly.*

The month intensified, as the next records show (also giving up on assigning triggers):

April 14

10: 7:40 a.m., typical; 8:30, *feel like I'm giving up*; 10:00, appointment with a needy friend, also a smoker; 10:30, still at friend's; 10:45 - 11:15, 2 cigarettes, still at friend's; 12:20 p.m., after lunch with friend; 2:00, *lit this one absentmindedly; [in-between here and next, rested, meditated, errands, light supper]*; 6:45, *pure reward—make a note to examine this 'reward' thing*; 8:00, *relaxation.*

April 15

11: 8:00 a.m., usual with coffee, newspaper; 9:15, to get to work on domestic accounting (*ugh!—also noted, desire to have taste*); 10:15, working on accounting; *calms my breathing*; 11:45, “*break time*;” 12:30 p.m., after lunch; 1:30, going over inventories; 1:48, with friend, *indulging in my ego-self*; 2:15, *ditto*; 5:00, after errands and dealing with mother's security system; 6:45—*need to take a rest!—being driven! Must do some work on project!* 9:10, project in good shape for time being; end of day; *reward.*

April 16th, 8; a typical mildly-pressured day; *gardening in afternoon helped avoid more.*

April 17, 6-1/2; less-pressured day; *seems I am beginning to put some of them out after only half-smoked?*

April 18, 7-1/2; *ditto yesterday, lots of yard work done.*

April 19, 11! Working on “*History*;” *computer went down; family accounting; took mother to do her shopping; lots of time on telephone dealing with family issues. “Not a good day!”*

April 20, again 11! *Computer repair; family needs; needy friend visit; “another unsuccessful day.”*

April 21, four cigarettes by 1 p.m.; unable to maintain record due to heavy domestic demands.

June

I decided I would (a) try smoking ‘half-cigarettes’ as needed (although I am aware that it is said that relighting a cigarette somehow concentrates tar?); (b) total number of cigarettes over longer periods and draw averages. However, as shown, those efforts didn't last long:

5:50 pm. 6/9 to 8:50 a.m. 6/11, 40 hours, 14 cigarettes: average, 1 every 2 hours.

Took 2 puffs (about 1/3 cigarette) at some intervals; the causes were typical ones.

June 12, 8-1/2; “*puff*” *experiment abandoned!*

June 13, 9--4 before 2:30 p.m.; 5 between then and bedtime (*included telephone call with needy friend*).

August 17, 1999

Twenty-five years since that 1974 little niacin experiment and I'm still in the ring, although there have been some little changes. (I'm reminded of Ringo: it appears I do “still need it,” do “still weed it,” at 64!) Worked through last night until 5:00 a.m.; three cigarettes

smoked between 2 a.m. and 5 a.m. were the last in the house. Took a bite of niacin and made it to this moment--1:00 p.m. today. Curious phenomenon?-- I feel hungry but will go to the store first, instead, to buy a pack. Now I recognize!--how often I have put off eating with a cigarette....

I am continuing the combo of tricks: keeping only one covered ashtray to avoid seeing butts; buying one pack at a time; letting cigarettes run out (because it's HELL taking time out to go to the store); deep-breathing exercises; meditation and auto-suggestion; plenty of vitamin C along with my other supplements; keeping drinking water bottles in kitchen and bathroom and drinking from them several times a day....

It starts in my head: a springing of frustration, private fear, remorse, doubt, anxiety, etc. If I can think myself past that, the next strike is somewhere in the vicinity of my solar plexus—that little 'gnawing' sensation craving to be calmed, as if the psychical 'metabolism' sets off a physical one, which I have it at this moment. Against it I try to do two things: remember to remember that if I turn attention to something else—like making these notes—there can be a delayed period when I will become less aware of the urge. So long as I'm able to concentrate and be productive, I'm ahead; but stream of consciousness that gets me!... Death is death!--whether by natural causes or self-annihilation by overdosing on poppy powder or clogging one's aveolaries with carcinogens—and no way to know whether the Self continues afterwards....

Some may think that physiological or mind-altering substances are means of achieving permanent freedom from the impediment of self-consciousness. True, one can obtain a respite from one's particular psychical wars—a fleeting truce between Subconscious and Ego. Artists of all types have made use of various substances to free mind and denude self, from which many immortal creations have come. However, although some eastern masters acknowledge 'drugged' states can be enlightening, they emphasize that such cannot substitute for nor yield ultimate self-realization, which demands consistent striving for purity, discipline and practice...

Thoughts from the dead claim the writer's desire, mine, recognition of ancestresses--no fewer of them than Man in the length of history. Why is it?—that Man readily can believe it non-fictional that one or more Roman cut off Hasdrubal's head, which Claudius dropped on brother Hannibal, but, cannot, that a woman named Judith cut off Holofernes' head, and had her fellow governors hang it on their city wall?...

Cigarettes get me over the hump of seeing myself but a cog in the vast atomically interacting Uni-verse machine, It's and my parts all moving at the highest of Its contained speed: held by what?...coming from where? Surely it is possible to break through that invisible glass! At times 'the I' glimpses it; but then the veil drops, and one must edit away most of what has been wrote (and reach for a cigarette)...

2003

Summer: I took three puffs off a butt before leaving for the Poet's Café. Three months since I last participated there. I realized when I parked the car that I had hurdled one small milestone because I had come away without cigarettes, on an occasion when definitely I surely would have smoked one before entering--contemplating a public reading without my trusty pack at hand? Previously impossible! What's more, this day I've had only five 'coffin nails,' a new record...

2004

Still averaging 6 to 8 on a typical non-stressed day, but I did smoke only five on two days recorded this year.

2005

This year I began occasionally to indulge in some modest “THC” smoking¹ with a friend, and resumed smoking only parts of a nicotine cigarette at a time.

January 1 through January 4

Four to five nicotine cigarettes a day, smoked in parts.

January 5

Nicotine ‘hits’: 10 a.m., 2; 11:15, 4; 3:50 p.m., 3; 4:40, 3; 5:10, 3; 6:10, 4; 7:30, 1 = approximately **4** full nicotine cigarettes.

THC hits: 3:30 p.m., 3.

“This was an unusually easy day.”

January 6

Nicotine hits: 7:15 a.m., 2; 10:40, 4; noon, a whole cigarette; 2:30, a whole cigarette; 3:40, 3 hits; 4:30, 3 hits; 6:30, a whole cigarette; 10:15, a whole cigarette (*worked on writing from 2:30 to bedtime*) = approximately **6** full nicotine cigarettes.

January 7

Nicotine hits: 8 a.m., 2; 9:30, 4; 12:30 p.m., whole cigarette (“reward”); 2:30, 3; 4:10, 3; 6:30, whole cigarette = approximately **4** full nicotine cigarettes.

(Lower numbers also reflect added time away from home.)

January 9

*A day of stressful family telephone business calls throughout day; somewhat depressed, but managed to keep it to **7-1/2 cigarettes**, a couple in parts, spaced 8:00 a.m., 10:05, 10:45, 11:30, 2:10 p.m., 3:50, 5:45, 7:15, 8:45.*

January 10

6, spaced much as usual; lower number because of necessary time away from home.

January 11

4, plus 3 THC hits with friend at midday.

January 12

6 ½, plus 3 THC hits with friend at midday.

January 13

5 ½, two being smoked half-each, plus 3 THC hits with friend at midday.

January 14

7 spaced 8:55 a.m., 10:20, 11:50, 4:30 p.m., 4:45 (*“frustrated; need to stop writing to cook”*), 6:00, 7:10; plus shared 4 THC hits with friend.

January 15

6 ½, two smoked by halves.

Early February: Health examination (age, 69 and 3 months) *Per tread mill heart stress test, heart is strong. Lung x-ray showed lungs slightly ‘elongated--“possibly” [according to doctor] a very early precursor of emphysema, but no bad spots on lungs. Doctor suggested trying the “patch.” (Lots of stress recently connected with caregiving as well as History project.)*

I decided to hold off on the patch for the time being.

Late February: *A fall has dislocated the well-worn, all-important vertebra between lumbar and sacral parts of my spine. Resulting pain both is in the area of the herniated disks and down buttocks and backs of legs.*

March: *Pain from the back injury increased, bad especially in the morning. Consulted physician and had tests--“bad arthritis from L4 to S5.” I did not take advantage of offered*

¹ Marijuana is discussed toward the end of this journal.

prescription drugs; attended a physical therapy session; amended personal weekly yoga session to avoid back stress but continue to strengthen stomach muscles; had shoe inserts made to straighten torso.

April 5: *Reconsulted doctor due to spine-related pain. Prescribed, 500 mg. Naproxen painkiller/inflammation reliever, 750 mg. Methocarbamol muscle relaxant. Blood pressure found elevated (unusual for me)--10 mg. daily dose of Lisinopril prescribed. (I also have been taking a daily dose of Levothyroid for some years to correct low thyroid condition. There is a family history of endocrine system problems on my paternal side.)*

Muscle relaxant at bedtime seemed to help a bit, but I delayed using Naproxen because of my general aversion to taking medications.

May 10: *Back pain was heavy this morning even when sitting. THC finitely helps with the chronic pain, and my friend is willing to supply me with home-grown marijuana if/as I may need it....*

8:30 a.m., 3 THC hits (“medium grade).

4 nicotine cigarettes smoked partially, puffs spaced 8:45 a.m., 10:10, 10:50; 12:45 p.m., plus one and a half cigarettes between 12:45 p.m. and bedtime.

My focus today in a Yoga session was drawn several times to breathing. Tried Naproxen once but don't like the 'vagueness' it produces in me. Am using focus on posture and avoidance of strain to minimize back pain.

May 20: *Care giving responsibilities have increased on two sides—JC is growingly disabled and mother now requires 24/7 care. Not much time for record-keeping, but I believe cigarette quantity doesn't exceed prior recent ranges. Increased pain convinced me to try the Naproxen again, which does cut off pain a goodly degree for perhaps two to three hours per pill. Once again, however, I don't like the particular type of 'distancing' side effect it seems to have on me—a lethargy which, although not unpleasant, cuts back also on ambition and energy. I now am able thanks to my friend to have a few puffs of THC each morning, which I find more agreeable.*

June 30: No detailed notes in interim but nicotine cigarettes remained about 6-7 with an occasional high of 9 depending on circumstances. Morning THC dose continues to provide distancing preferred over Naproxen.

September 14: *I've resorted only some dozen times in my life to using alcohol as a self-prescribed 'medicine,' having no 'taste' at all for it--even wine, as my family well can testify. This evening I did consciously indulge in a small amount (one of those tiny bottles like handed out on airplanes; probably two to three tablespoons?)-- a Glenlivet single malt scotch, which I drank fully witted on an empty stomach, just enough to quiet mind and slow down body in the midst of turmoil of recent days of excessive caregiving, the depression it causes, and an exhausting time schedule. (It would be of great interest to me, should Science discover of individual bodies precisely what it is that makes for constitutional differences in tastes for 'addictive' substances....)*

September 28: *I believe I am getting ready to try 'the patch.' Today however, unusually free of domestic or project scheduling, I shall try using will power, alone, to go without nicotine while giving mind up totally to "the Writer..." [I got through the day with only a few "puffs" but accomplished nothing of value: wound up making practically nonstop shorthand notes (that 'hand thing'), 90 percent of it boring stream of consciousness.]*

For the remainder of 2005 and January of 2006 I neither used Naproxen or the muscle relaxant, while nicotine and THC use continued in the same ranges.

2006

February 23 through March 1

*This record keeping is getting wearisome (as reading it undoubtedly also is becoming!) Over the past **eight days**, I smoked **18 cigarettes**, two or three puffs at a time, which works out to about 2-1/4 cigarettes a day--exceptional in that my husband and I were on vacation, usually a time when my smoking increases due to greater 'leisure' time.*

One observation is that my lungs seem reluctant to draw in smoke as much as they used to—I find myself at times blowing out smoke instead of inhaling and then taking a deep breath, instead. Sometimes I even blow the smoke out hard. I'm aware now how I have had the habit of 'arresting' (holding) breath, and wonder what is the cause of that (--psychological?). I'm reminded of the mother in the TV series, All in the Family, repeatedly told to "stifle" herself, and do know I have used cigarettes in that way (perhaps also 'stifling mind' as well as mouth?). I especially recall one day in the 7th grade, when I unwittingly expelled a long-held breath at the end of an algebra problem—so loud the teacher (who I think was somewhat menopausally tense) shouted angrily, "Who did that?!" She sounded so unstrung, no one answered and she kept all of us after school because of it....

March 28: *The experienced alleviation of spine-related discomfort by THC (thanks to my friend) finally caused me to submit to a physical by a doctor who prescribed it medically. The Physician's Statement certifies me to buy "cannabis" at regional dispensaries for six months, after which I would need another appointment for assessment as to benefit and recertification....*

I employ three inhalations of marijuana twice a day, shortly after arising and in the latter part of the afternoon. It is very effective in distancing physical pain so that I comfortably pass the day. The morning dose is especially welcomed (more so after an unwisely strenuous previous day in the garden. One journal note says, "Barely made it from bed this morning due to back; had to crawl part of the way.") After the THC dose, pain at times went 100 percent unnoticed.

Nicotine smoking over the ensuing six months stayed within recent ranges.

September: *I've decided not to incur the doctor fee for cannabis recertification—admittedly because my friend will supply me when needed, and truthfully because I am not comfortable with the quality of some of the bought marijuana. Because of the non-legalization/standardization controls, one cannot have certainties of cultivation and handling provided by my friend's home-grown, organic vegetation, which is very carefully tended and 'cured.'*

I consulted my Primary Care Physician about "the patch." She suggested I begin with the "Step Two" dose, 14 mg.

September 28 – October 6

The first patch went on the left shoulder after I arose from bed September 28. That day I smoked no nicotine cigarettes and had 3 THC hits at 9 a.m. and 4 at 5 p.m. Some random notes were made:

Watching the raindrops puddle outside the kitchen door, perfect little repeating concentric circles widening into each other and then cancelling each other out at their outer rims... tempts me to think again about light--"This is a time when a cigarette would be nice"--

dwelling on Rammurti Mishra's admonition to distinguish between impulse and compulse—“another time when a cigarette would taste so good...the Ego thinks it has grasped some wonderful insight, pondering the psychological effects of childhood development and long-lasting effects of parenting—there's that urge, again....

Having made it through the day, I decided not to wear the patch overnight because I'm an excellent sleeper, never getting up to have a smoke.

During September 29th with the patch on the right shoulder, I seemed to notice a type of mental calmness. Thoughts of a cigarette arose at about the same intervals as before and by the same triggers; however, it did seem that I was able to get by them easier. There were three urges in the a.m.; I recognized the *emotional* pushes behind whatever is the biochemical they release that creates the condition that nicotine assuages. There seemed to be differing degrees of emotional stimulation (the one I noted most being psychical 'revulsion' at knowing most of the day would be eaten by domestic chores).

The patch seemed to have no effect toward oral quiescence. I thought about (and frequently went for) a snack or meal more often/sooner than usually I would. (I had tried oral pacifiers in the past: a fake cigarette with menthol inside in the early '80's; a short-lived try with nicotine gum in '89, chewing myself silly into a sore mouth; and in '92 chewing on licorice root bought from an herbalist.)

I still took the morning and afternoon doses of THC. One note reported that *inhalations of 'above-average' grade of a small marijuana cigarette provided total forgetfulness of body pain along with increased 'clarity' of consciousness.*

Despite mental calmness the “patch” seemed to provide, I was experiencing a very obvious and disconcerting increase in need to get up and move about at far more numerous intervals. This caused me to wonder how much nicotine the patch actually was delivering compared with my self-doses of nicotine which, after all, is a stimulant.

I decided to research cigarette nicotine content on-line and was astounded. The second-stage patch steadily delivered much *greater* an amount of nicotine than did my ordinary amount of cigarette smoke; and the third-step, lower-dose patch also steadily would deliver more! (See www.ErowidTobaccoVault, online.)

I decided to abandon the patch.

October 21, 3 p.m. to 23, 7 p.m.: Averaged one cigarette every 1.9 waking hours. (“*Mother still in hospital but keeping hold on myself.*”) THC doses continued in same amounts.

October 23, 7 p.m. to October 26, a total of 67 hours: Over this 67 hours I smoked one pack (= 20 cigarettes; 67 hours less 24 hours of sleep = 43 waking hours divided by 20 =) 1 cigarette every 2+ hours, a small improvement. THC doses continue in same amounts.

October 27, 2006 to January 13, 2007: Number of cigarettes smoked daily stayed at an average of one every two hours or two-plus hours (*that standard 'self-dosing' has become obvious*). THC doses continued in same amounts through December but ceased thereafter due to unavailability. I missed it for pain alleviation but still did not start a daily prescribed drug regimen, continuing to employ practical methods for pain control.

2007

July 3

My life totally changed January 14. Only today do I try to return to writing....

A surgery on my spine scheduled for late March was abandoned, when JC was struck with a fatal illness. During his long hospitalization, naturally I smoked less than usual, being full days and nights in circumstances where I could and would not.

In the aftermath months after JC's death on February 14, I know that my smoking re-increased, to at least a half-a-pack or more every day. It was summer before I began to regain some control.

2009

As of now, September 2009, a pack of cigarettes lasts almost all the way through a third day. I no longer keep monitoring notes. I have not resumed access to THC and 'live with' the back and leg pain, using the prescribed pain killer still very rarely (such as on a day if on a trip that involves much walking). I think I safely can say that I'm smoking an average of seven nicotine cigarettes a day, less depending on a day's activities, and don't expect that to change except as Time may dictate a change of life's circumstances.

What Do I Think I Learned from this History?

I do believe that the non-additive brand I have been smoking for 10 years has made a difference—one, especially noticed, is never a morning with even a bit of coughed-up, colored 'catarrh'. Whether that is due to the non-additives in the brand, I'm unable to confirm.

Personally, I would sum my conclusions as follows:

Nicotine chemistry assuages a psychologically-caused, physiological biochemical reaction. Varying psychical constellations and their silently provoked emotions are involved. Stopping to smoke a cigarette to control mind when writing my own work (fending off *doubt* and *uncertainty*, e.g. thoughts related to caregiving/aging, doubt about private goals *vis-à-vis* self-worth, pending domestic chores) differs from stopping to light a cigarette at other times (exerting *patience* or fending off *anger*, e.g. household accounting, troublesome conversations). But the fact that I do have days when I smoke only six, and can go longer hours without thinking of having a smoke, gives me some cause to believe that there has been some diminishment of a purely physiological 'addiction.' In that regard, whereas psychologically I am moved to light a cigarette, often I find myself putting it out after only a couple of puffs. I am comforted by something said to me several years ago by an 80-something-year-old woman. She had quit, finally--as her habit reached its ending, she was smoking only one-half a cigarette every Saturday morning!

There is a decided nexus between smoking and one's breathing habit, although I have not formed an opinion as to what initially determines one's breathing habit. My focus on breathing has been influenced strongly by practice of yoga. It does seem that I have a large lung capacity, with which can be associated (1), that I can be a very long-winded talker, having a penchant to preface points with many long clauses (especially on esoteric subjects of great interest to me), which I know frequently exasperates listeners. (A story from my childhood is that, once I began to talk, neighbors bolted into their houses if they saw me coming.) (2), in retrospect I see I always have been a 'breath-holder' of sorts during mental concentration (*cf.* the story above about letting out a big breath in a classroom).

Circumstances combined with personality affect the number of cigarettes 'needed' in a day. Three elements are involved:

(1) *Occupation of hands* (the very *holding* of the cigarette is like 'multi-tasking,' an inculcated trait of mine).

(2) *Environment, including company* (the more of a day that I am away from home and desk, or in the presence of non-smokers, the less I smoke).

(3) *'Orality'-- as a 'pacifier'--* eating being another form of physiological assuaging? I have become assiduous at planning and spacing enjoyable meals and snacks (if I let myself malted milk balls with gay abandon I surely could smoke less!) Yesterday I got out the door to the car with a pencil still between my fingers; and the thought occurred that, maybe if I kept a pencil between those two whenever they weren't involved in something else, it might inhibit the habit. (There have been times when I've been carrying a pencil and absentmindedly put it to my mouth as if it were a cigarette.) Then, last night I had a very deep dream that only resurfaced a little while ago: *I was commencing to explain my habit to some invisible party. The scene of the dream focused on a pencil with a hard chew out of its side—and on awakening I remembered: when I was a girl I chewed pencils so hard they sometimes broke in half!*

Now, I don't expect holding a pencil between fingers more of the time is going to affect Habit much; however, the dream leads me straight back to the 'mouth-thing'--you know, Psychology's once-reasoned-cause being too-early weaning. But what good would confirmation of that do for me now? All I know is that, for 35 years (when the statistics began to accumulate), there have been few times that I haven't been acutely aware of each smoking cigarette, watching my own fingers trip it to and from lips until crushed to death, always aware at the edge of consciousness that I probably was hastening a bit my own. Cigarettes once often were referred to as "coffin nails;" if they really were, my coffin wouldn't have room in it for me. I'd say the number of butts I have stamped out over the years is somewhere around 200,000+. While I feel my smoking is not an unconscious suicidal bent, I confess I am susceptible to denying thoughts, such as "Well, one must die of something;" or, "God won't let it be too bad for me because God has important things for me still to do"—probably typical self-assurances.

Public anti-smoking campaigns largely appear administered by never-smokers. Tobacco is portrayed as addicting in and of itself, not at all as alcohol is portrayed. Never in admonitions about conserving health and longevity does one hear *cut back, cut down*; yet I do believe I have benefited from those efforts. (My most recent chest x-ray was clear; but that I know does not guarantee my body free from other effects. I understand the pancreas and bladder are vulnerable, in addition to arteries.) There appears to be much science still to be done on the physiology and metabiology of smoking for nicotine absorption. Tidbit notes I have made over the years are teasing:

"A sign of nitrogen poisoning is fluid in the lungs--fluid in the lungs is involved in emphysema...the brain interprets nitrogen as oxygen?"

Investigate carbon dioxide; withheld breath increases it in the blood? Conversely, autonomic nervous system increases rate of breathing to decrease/release more carbon dioxide under what circumstances?

Check out electro-physiological effects of nitrogen and 'Psychobiological Consequences of Chronic Nicotization' (find author's name and journal); find article that quoted, 'The study of the neurophysiological effects of nitrogen is part of the more general study of neurotransmitters,' which becomes more complex day after day, involving the brain's 'closed loop feedback systems, possibilities of reciprocal interactions, and discovery of new types of receptors' ...

Other notes said, *of two types of postsynaptic receptors in the mammalian nervous system, the nicotinic type is so named because it is stimulated by nicotine, and a large number of the brain's nerve receptors is sensitive to nicotine.*

The [average?] body needs one-two-thousandth of niacin a day. Niacin is essential for hormones, cortisone, thyroxine and insulin (I've wondered about my inherited endocrine system: thyroid problems have been prevalent--father and sisters; father developed adult diabetes). What is the 'tryptophan' connection, if any? Does any of the related chemistry involve the adrenals? Much has been said about release of adrenalin when physically threatened; what about 'psychologically threatened?'

I always have been obsessively cautious about drugs *per se*. JC was fond of kidding me that the number of aspirin I've taken in my life wouldn't fill a bottle, and I've exasperated more than one doctor with questions about treatments and dosages. It's odd, then, that in my distant past my life did occasion experience with other 'mind-expanding' substances.²

I was a naïve 16 year old when I began the one and one-half years of college that I had. During the second semester at San Francisco State, I lived in a boarding house. One night my roommate and I took an ogling stroll along the blocks that once formed North Beach's 'Barbary Coast' and stopped to peer into a famous (or infamous) bar, the Black Cat. When its doorman/bouncer tried to cajol us into some "bennies," we moved quickly on; but when I was 20 I learned what "bennies" were.

An aunt-by-marriage was using benzedrine, an *amphetamine*, for weight control; and, on a visit, she blithely passed some to me after a chat about weight control. (I, being inclined to carry fat, always was concerned about keeping it within reason.) I was working my first legal secretary job at the time and popped a benzedrine pill one morning before work. I became so hyper I barely made it through the day, vowing never to touch that stuff again.

As elsewhere elaborated (see footnote), I also on some long-ago occasions experienced effects of psilocybin, lysergic acid diethylamide, cocaine, and even a little mescaline, none of which I cared to repeat (chalk it up to the original armchair-scientist in me). While those experiences may have provided some writing material, it wasn't until I became acquainted with marijuana that comparison brought home the dangers that persist by the DEA categorization of marijuana as a "Schedule 1" drug, alongside other powerful illegal drug substances such as heroin.

Use of delta-9-tetrahydrocannabinol (THC³), as outlined above, for my *spondylolisthesis* condition (forward displacement of fourth and fifth lumbar vertebrae) was medically efficacious. I may be only a statistic of one, but that use was not addictive. As a good 74-year old citizen, parent, and grandparent, retired from 32 unblemished years in public and private sectors, I became convinced that lack of unprejudiced adult education toward, and intelligent governance and control of marijuana maintains our children in harm's way.

I naturally cannot claim that *smoking* marijuana is harmless, in that whether the *smoking* of it is deleterious *per se*. Non-injurious methods exist, however, for absorbing marijuana's medical essence (*e.g.* vaporizing devices and food stuffs). Meanwhile, the contribution of alcohol to certain carcinomas scarcely has been acknowledged, to say nothing of to common violence, crime, and family upheavals. (Has anyone heard, ever, of automobile accident carnage caused solely by marijuana?--the only related driving citation of which I heard was because someone was driving too slowly.

²Explored in the as-yet-unpublished autobiography, *Journey With JC*, to which this journal is a separate appendix.

³ See Glossary that follows.

What then, would I (an admitted confessed statistic only of one) say are the effects of THC, marijuana's active agent? I have summarized them in three categories, together with relevant notes, as follows.

(1) As a physical pain alleviator/'distancer', and (2) as a psychological stress palliative:

A body impairment insists its condition on consciousness. For example, my slipped vertebrae, in conjunction with aging, makes it necessary for mind to overcome depressive thought--*how am I to manage ongoing day-to-day life and its duties? What will I do if I become chair-bound? How will I manage my own aging along with the care needed by the aging woes of those I love?* THC definitely distanced pain, most often to non-awareness of it. Further, like many prescription drugs, it calmed mental activity, which, in turn, further relaxed body to overcome its anticipation of and 'armoring resistance' to pain.

While much literature and personal accounts are available as to THC's aiding depressed appetite in certain medical conditions, etc., and alleviation of debilitating mental stress, its potential as a simple, natural medication has yet to be commonly, completely neutrally explored. As a controlled, medically prescribed substance, possibilities of its abuse would be no greater than that of any other medically prescribed drugs, which, in their abuse, are far more dangerous. Many persons, fully educated on the subject, affirm that one ought to be free to grow the herb on one's own land for personal use--just as one is free to do so with wine grapes, for example. Being a person of civilized self-control, I do agree with that. But I do not wish to see its medical advancement undermined by the fears, regardless unsubstantiated, of those who cannot accept such a stance.

(3) As an intensifier of spirit: Huston Smith's term for substances that enhance spiritual nature is "entheogens;"⁴ and the effect of THC was to make me even more likely to respond to, and accept the interconnectedness of existence. I comprehended why, as a medication, it can cause solace and peace for persons succumbing to terminal illness, in an effect that makes one feel human grace in a self-understanding way....

* * *

And "that's 30," as the old news reporters used to say... except... never having gone panting after 'Mary Jane,' I nonetheless am off now to the store, to buy-- guess what? "Well, one has to die from something," a barmaid once said to me. So I ask myself, "If you could have chosen never to have smoked nicotine cigarettes and live longer, but--absent that 'crutch'-- not have seen accomplished what has been, would you have?"....

A Brief Glossary

[*Nota bene:* These are only brief definitions. Refer to reliable published texts and studies for full discussions of substances and their effects.]

Cannibol - - *Cannibol* is a generic name for substances found in the hemp plant that share a similar chemical structure. "Next time a 'friendly' dealer tells you he can get some cannabitol...[know that] cannabitol doesn't even exist. It's a cover name for PCP, which dealers try to pass off as pure THC." Young, Lawrence, *et al.*, *Everything You Need to Know About 'Recreational' Drugs*, New York, Berkley Books, 1977, pp. 211 and 53.

⁴ The literal meaning of the word is "that which causes God to be within an individual."

See Marijuana and THC.

Cannabis sativa -- The hemp plant; see Marijuana.

LSD -- lysergic acid diethylamide:

“Odorless, colorless, and tasteless, LSD is...the most powerful drug known [at the time of publication of this reference]. A crystalline solid in pure form, it also can be produced as a liquid. ...It is five thousand times as potent as mescaline and two hundred times as potent as psilocybin...

“LSD is a semi-synthetic derivative of lysergic acid, an alkaloid found in ergot...a fungus that grows as a rust on rye...

“LSD is considered a psychomimetic drug....” Young, pages 127-128.

The most potent substance I experienced in a young year, it was very interesting to learn that LSD molecular structure reflects what is called an “indole ring,” akin to *serotonin*, one of our brain’s primary synaptic neurotransmitters. Not only does LSD bear the indole ring, its entire molecule is a precise *mirror-image* of serotonin.

“Magic” Mushrooms -- See Psilocybin.

Marijuana -- “Marijuana comes from the Indian hemp plant, *Cannabis sativa*, a hardy weed that grows all over the world. ...[I]n texture it resembles the small granules of oregano or the larger leaves of tea. When smoked it smells like sweet, burned rope or dried grasses.

“The active ingredient...found in the gooey, yellow, fragrant resin of the upper leaves and flowers, is the tongue-twisting delta-9-tetrahydrocannabinol...known as THC.

“... Depending on the quality... ‘joints’ [cigarettes of it] average about 4 to 40 mg of THC each.” Young, p. 137.

Marijuana’s effects are caused by a varying group of chemicals called *cannabinoids*. Marijuana commonly is referred to as: *Cannabis* [L. hemp, fr. Gk *kannabis*, fr. the source of OE *haenep* hemp]: the dried flowering spikes of the pistillate plants of the hemp.” (*Webster*.) Its active agent is *tetrahydrocannabinol*, or THC. I am not informed enough to give reliable detail and would recommend any of a great number of professional books on all aspects of chemistry, and cultivation medical studies. I only am able to transmit my experiences. It is suggested by studies that, reception of environment--sensing, etc.—is expanded in the discrete brain due to blocking of synapses. See also THC.

Mescaline -- Chemical name, *3,4,5-trimethoxyphenylethylamine*. “Mescaline is the hallucinatory heart of peyote, excised from the scrubby peyote cactus, *Lophophora williamsii*...in its natural state as peyote buttons, or...extracted as organic mescaline.... Synthetic mescaline sulfate comes in white needlepoint crystals... True mescaline is rarely, if ever, sold on the street. What is usually passed off as mescaline is either PCP, LSD, a combination of LSD/PCP, amphetamines, STP, belladonna alkaloids, or improperly synthesized contaminants.” Young, p. 152.

Nicotine -- The active principle of tobacco; a colorless, intensely poisonous, oily liquid of tobacco leaves; an ‘alkaloid’ (a plant substance of particular atomic structure, many of which—such as cocaine—are involved with important physiological actions and are used in medicines). A molecule of nicotine consists of 10 atoms of carbon, 14 of hydrogen, and two of nitrogen. Science yet has to discover precisely what happens to those atoms when they enter the body’s system.

Niacin -- Vitamin B3, a derivative of nicotinic acid (pyridine-3-carboxylic acid produced by oxidation of nicotine). A crystalline acid essential for the body’s resistance to nervous

symptoms, pellagra and skin lesions, and production of hormones, cortisone, thyroxine and insulin.

Pevoite -- See Mescaline.

Psilocybin -- “At least twenty mushrooms contain the psychoactive ingredients psilocybin and psilocin... .. difficult and expensive to produce synthetically and store properly, and only one in a thousand street samples [can be] genuine. The rest are either LSD or an LSD/PCP combination. ...” “...Relatively unstable, psilocybin is converted to psilocin by the body. The LSD-like effects attributed to psilocybin are actually the work of psilocin.” Psilocybin is “known formally as ortho-phosphoryl-r-hydroxy-N-di-methyltryptamine....” Young, pages 194-195.

Pyridine -- A colorless liquid, nitrogenous base of pungent odor obtained in distillation of bone oil, coal tar, etc. and by decomposition of certain alkaloids; parent of many organic compounds; as nicotine, used for denaturing alcohol, as a solvent, germicide, remedy for asthma.

THC -- “THC is the primary active ingredient in every cannabis preparation, from marijuana to hashish to hash oil. Its chemical name, delta-9-tetrahydrocannabinol, defines its status as one of the chemical substances called cannabinoids found in the hemp plant. ...

“THC was first synthesized in 1966. The extremely delicate and costly equipment needed to manufacture it synthetically has left it solely in the hands of professional laboratories, under regulated contract to a limited number of bona-fide drug researchers. ...

“An average marijuana [cigarette/’joint’] has about 1 percent THC content, while hash oil, at the other end of the scale, may have as much as 30 percent THC. PCP has no THC content. ...

“Unfortunately, nine times out of ten, the unsuspecting consumer [being told the substance is synthetic THC] will buy a dose of the...dangerous drug PCP [or] combination of whatever leftovers [the] dealer can scrape together—LSD, mescaline, or occasionally amphetamines.” Young, p. 211, 212.

Knowledge of THC’s stimulation to appetite, perhaps better described as capacity to make food and eating more attractive (*e.g.* the “munchies,” the object of much joking). I believe it fairly common knowledge of THC’s usefulness for persons suffering from potential malnutrition due to their disease.

Tobacco -- “Although tobacco smoke consists of nearly five hundred compounds in its particles, it is nicotine, an alkaloid in the plant’s leaves, that causes the most acute effects of smoking. Extracted nicotine is a colorless, acrid, oily liquid...one of the most powerful poisons known. ...

“Cigarette tobacco contains about 1.5 percent nicotine; the smoke from an average cigarette yields about 6 to 8 mg of the drug. Cigars contain appreciably more nicotine, averaging 120 mg each, twice the amount needed to kill a normal human adult if he chose to eat it.

“...,In addition to nicotine, a variety of other toxic substances can be found in cigarette smoke, including cyanide, ‘tar,’ and carbon monoxide. None can be completely removed or isolated... Cigarette smoke contains about 1 percent carbon monoxide—cigars about 6 percent—by volume...” Young, p. 215.

Tryptophane -- Amino acid; precursor to nicotinic acid; a crystalline product of “trystic” digestion essential to animal life.

[Suggested readings (see Bibliography): Garron, pp 99-107; Grinspoon, pp 89-97]

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